



Asset Verification Form

DATE: _____

TO: _____

FROM: Louisiana Housing Authority
Project-Based Housing Department
1690 North Blvd
Baton Rouge LA, 70802
FAX: (225) 342-2079

RETURN THIS VERIFICATION TO THE ADDRESS LISTED ABOVE

SUBJECT: Verification of Asset Information by an Applicant for Housing Assistance

NAME: _____ SS NUMBER: _____

ADDRESS _____

This person has applied for the Louisiana Housing Authority's project based rental housing assistance program administered by Louisiana Housing Authority. HUD requires Louisiana Housing Authority to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information as shown below.

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INFORMATION BEING REQUESTED

1. Account Number: _____

2. Type of Asset: (Check all that apply)

☐ Checking 6 Month Average Balance: _____ Interest: _____

☐ Savings Current balance: _____ Interest: _____

☐ Other Asset Type: _____



3. For other assets, can funds be withdrawn from the account without retiring or terminating employment?

☐ Yes ☐ No If yes, please complete items a through d below:

- a. \$_____ Accessible Current Balance or Market Value
- b. \$_____ Total actual anticipated expenses to convert to cash, including penalties for withdrawal
- c. \$_____ Cash value (line "a" minus line "b")
- d. \$_____ Indicate annual actual or anticipated Interest or dividends

Name and Title of Person
Supplying the Information

Firm/Organization

Signature

Date

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RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require Louisiana Housing Authority to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

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PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7)



**We Do Business in Accordance With the Federal Fair
Housing Law**
(The Fair Housing Amendments Act of 1988)